UNFADING INK-THIS IS

PLAINLY, WITH

PHYSICIANS should state of OCCUPATION is very

tated EXACTLY.

Exact statement PERMANENT

ACE should be si properly classified.

Information should be carefully supplied.

ATH in plain terms, so that it may be instructions on back of certificate.

of information should

DEATH

CAUSE OF N. B.-Every Item Important.

RECORD

1 PLACE	OF	DEA.	T
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STATE OF MARYLAND CERTIFICATE OF DEATH

County Harfard 21723	CERTIFICATE OF BEATA
Village or City Fallston Ind	Registration Dist. No. [If death occurred in a hearital or institution
1	a hospital or Institution,
2FULL NAME Many Run	Collender of street and number.]
TO THE TANK THE THE TANK THE TANK THE T	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIOWED, ORDINARCED ORDINARCED ORDINARCED	16 DATE OF DEATH Dec. 17th, 1915. (Month) (Day (Year)
Remale Mille ORDIVORCED (Write the word)	17 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	Oct 2- 1915, to Dec. 17 1915.
(Month) (Day (Year)	that I last saw here alive on Dec. 16 12 1915
7 AGE If LESS than	and that death occurred on the date stated above, at
about 70 312 yrs mos ds. OR min.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION	Cerebral oedema
(a) Trade, profession, or particular kind of work	
(b) General nature of indusfry,	
business, or establishment in which employed (or employer)	(Duration) yrs mos / ds.
9 BIRTHPLACE (State or country)	Contributory Schile deinentia
(State of country) maryland	Several (Ouration) yrs mos ds.
10 NAME OF Jashua allender	(Signed) A. F. Va. 13:000 N. D.
V 11 BIRTHPLACE OF FATHER (State or country)	Dec. 18, 1915 (Address) 1 3 of air Ud.
OF MOTHER	*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a. Unhnum	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) Unknown	At place In the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Carvill, & amore	Former or Usual residence
(Address) Fallston Ind.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Friendship Cemetry Dec 19 th 1915
Filed	20 UNDERTAKER ADDRESS
REGISTRAR	Chan & Lambergar Fellet and 80

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every persou, irrespective of age ness of various pursults can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, additional live is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write Nonc. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercuteris of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name orlgin; "Canetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inamition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. cause of death approved by Committee on Nomencla scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e.g., such, if Impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as Bronchopncumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations ou statement of "Dropsy," "Exhaustion," "PUERPERAL septichae-Never report For vio-



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. FOR BINDING INK-THIS IS RESERVED PLAINLY, WITH UNFADING

V. S. No. 1.

N.B.

County 21724	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 184	
Village or City Steel and (No, and the colonial colo	St.; Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE MARRIED, WIDDWED OR DIVORCED OR DIVORCED (Write the word) 6 DATE OF BIRTH Dec 3 (Month) (Day) 7 AGE MIDDWED OR DIVORCED (Write the word) (Month) (Day) 1 (Year) 7 AGE MIDDWED OR DIVORCED OR	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from that I last saw has alive on the date stated above, at the CAUSE OF DEATH & was as follows: (Burallon) yrs mos do Contributory Secondary (Durallon) yrs mos do	
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) 15 Filed REGISTRAR If more blanks are needed, address State Registrar.	(Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Addr	

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. wife, Housework, or At Home, and children, not gainfully business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH Housemaid, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Doy laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of agr. ness of various pursuits can be known. tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever etc. If the occupation has been changed The material werked on may form part statement. Never return "Laborer," Locomotive engineer, But in many cases, If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of tungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." and consequences (c. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths on Nomenclature of the American Medical Association.) "PUERPERAL peritonitis," etc. birth or miscarriage as "Puenperal septicharmia," etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. to determine definitely. Examples: Accidental drowning; cause. Always qualify all diseases resulting from child-"Heart failure," "Heemorrhage," "Inamition," "Marasgenital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitiol "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of "," "Old Age," "Shock," "Uracmia," "Weakness, MEANS OF INJURY and qualify as by railway train-accident; Revolver wound of The nature of the injury, as fracture of skull The contributory (secondary or intercur-State cause for which Never report mere (Recommendations "Exhaustion," ACCIDENTAL,



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCIDATION is supplied. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD V. S. No. 1.

BINDING

RESERVED

MARGIN

Hanting 21795	STATE OF MARYLAND CERTIFICATE OF DEATH
County Co	Registration Dist. No. 183
Village or City Wy Voron (No. ,	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
- Male White Single, MARRIED, Widower OR DIVORCED (Write the word)	16 DATE OF DEATH Section 16, 1915 (Month) (Day) (Year)
September 8, 1848	that I last saw have alive on Dec 14 1915
7 AGE If LESS tha 1 day, hrs OR min.?	and that death occurred on the date stated above, at // A m.
8 OCCUPATION (a) Trade, profession, or Farmer particular kind of work	Death occurred suddenly
(b) General nature of industry business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country) Hurford les Md	Contributory Secondary (Buratien) - yrs moe ds
10 NAME OF James & Amors	(Signed) H. F. Brudley M. O.
11 BIRTHPLACE OF FATHER (State or country) Hurfind les Md 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INDEX; and (2) whether ACCIDENTAL,
of MOTHER Clisa K Watters	**SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Harfiel les Ald	OR RECENT RESIDENTS) - At place In the of death
(Informant) Mrs & B Zuckey (Drown	if not at pisce of death?
(Address) KJD White Hall Nd	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Dec 17 1915 - J. R. Phillips	20 UNDERTAKER ADDRESS ADDRESS CONTENSION
	, 16 W. Saratoga St., Balto., Requesting V. S. No. J.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook wife, Housework, or At Home, and children, not gainfully or given up on account of the disease causing death taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as House the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. "Foreman," "Manager," "Lesler," etc., without more mobile factory. mill; (a) Solesman, (b) Grovery; (a) Forcman, only when needed. As examples: (a) Spinner, (b) Collon business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Former or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopmeumonia of lungs, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved hy Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, OF HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by Struck by railway train—accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or misearriage as "Puerperal septichurmia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," cough; Chronic valvular heart disease; Chronic interstitial "Annemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopmeumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Neasles; Wheoping (name origin; "Caneer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, ctc., of.... The contributory (secondary or intercurcarbolic acid-probably



CERTIFICATE OF DEATH Registration Disk No. FILE COMPANIES AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH ODATE OF DEATH ODA	1335	PLACE OF DEATH	STATE OF MARYLAND
Village or City Javid Will (No	Coun	w Harford 21726	CERTIFICATE OF DEATH A
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS SEX COLOR OR RACE	:		Registration Dist. No.
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE SENGLE, WIDOWED DATE OF BEATH WARRIED, WIDOWED DATE OF DEATH TO ATE OF BIRTH TO CAUSE OF DEATH & WAS AS FOLLOWS: A MARKED OF BIRTH TO CAUSE OF DEATH & WAS AS FOLLOWS: A MARKED OF BIRTH TO CAUSE OF DEATH & WAS AS FOLLOWS: A MARKED OF BIRTH TO CAUSE OF DEATH & WAS AS FOLLOWS: A MARKED OF BIRTH TO CAUSE OF DEATH & WAS AS FOLLOWS: A MARKED OF BIRTH TO CAUSE OF DEATH & WAS AS FOLLOWS: A MARKED OF BIRTH TO CAUSE OF DEATH & WAS AS FOLLOWS: A MARKED OF BIRTH TO CAUSE OF DEATH & WAS AS FOLLOWS: A MARKED OF BIRTH TO CAUSE OF DEATH & WAS AS FOLLOWS: A MARKED OF BIRTH TO CAUSE OF DEATH & WAS AS FOLLOWS: A MARKED OF BIRTH TO CAUSE OF DEATH & WAS AS FOLLOWS: A MARKED OF BIRTH TO CAUSE OF DEATH & WAS AS FOLLOWS: A MARKED OF BIRTH TO CAUSE OF DEATH & WAS AS FOLLOWS: A MARKED OF BIRTH TO CAUSE OF DEATH & WAS AS FOLLOWS: A MARKED OF BIRTH TO CAUSE OF DEATH & WAS AS FOLLOWS: A MARKED OF BIRTH TO CAUSE OF DEATH & WAS AS FOLLOWS: A MARKED OF BIRTH TO CAUSE OF DEATH & DEATH OF BURNER. TO PROTECT OF BURNER. A MARKED OF BURNER. TO PROTECT OF BURNER. A MARKED OF BURNER. TO PROTECT OF	Villa	ge or City garrellsville (No,	a hospital or institution,
SEX COLOR OR RACE SINGLE MARRIED, WIDOWED		2 FULL NAME Janies Amos	
MARRIED MUTOWS DEATH SOLD STATE OF BIRTH PAGE OATE OF BIRTH TOT KINGTON (Month) (Day) TAGE (Month) TAGE (Month) TAGE (Month) TAGE (Month) TAGE (Month) TAGE (Month) TAGE (Month) TAGE (Month) (Month) (Month) TAGE (M		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Filed Deep 1, 1877 - A Control of the property	3 SE	MARRIED, MASSIE	(Month) (Day) (Year)
that I last saw home alive on Oct 26 1915, Tage (Month) (Day) I (Year) That I last saw home alive on Oct 26 1915, and that death occurred on the date stated above, at 7 m. The CAUSE OF DEATH & was as follows: Death was as follows: Correctly large profession, or former (a) Trade, profession, or former (b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Hargard by Md 10 NAME OF FATHER OF FATHER 12 MAIDEN NAME OF FATHER 13 BIRTHPLACE OF MOTHER OF MOTHER OF MOTHER State or country) Hargard by Md 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Thus H Himsi Dan (Address) RFD, Sharan Md 15 Filed Augl, 1843 Mallips The CAUSE OF DEATH & Was as follows: Contributory Secondary (Signed) H. T. Gradley (Byrallen) Tis mos ds. Contributory Secondary (Byrallen) Tis mos ds. (Signed) H. T. Gradley (Signed) H. T. Gradley (Byrallen) Tis mos ds. Succide or country) Hargard by Md Catages, enter (b) Mexics op Injury; and (2) whether Accidental, Succident or Homerous. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE (FOR HOSPITALS, INST	6 DA		
TAGE It LESS has alive on O.C. 1, 1915, and that death occurred on the date stated above, at A. m. The CAUSE OF DEATH & was as follows: Occupation Former F			
about 5 yrs. mos. ds. or min.? Outside or country or minded to the minder of	1,	(Month) (Day) (Year)	that I last saw have alive on Oct 26 , 1915-,
OCCUPATION (a) Trade, profession, or farmer (b) General nature of industry business, or establishment in which employed (or employer) DEATH WAS MAY SHEET OF THE BEST OF MY KNOWLEDGE (Informant) That A Annah Barry (Informant) That Annah Barry (Informant) That A Annah Barry (Inf		Ser . d day has	and that death occurred on the date stated above, at
Contributory BIRTHPLACE (State or country) Walder (State or country) BIRTHPLACE (State or	ali	7.1	
(B) General nature of industry business, or establishment in which employed (or employer) B BIRTHPLACE (State or country) C I ID NAME OF FATHER ALTON AND OF MOTHER AND OF MOTHER Brace Hand Corners (State or country) B BIRTHPLACE OF FATHER Grace Hand Corners (State or country) B BIRTHPLACE OF MOTHER Brace Hand C Maide or MOTHER Brace Hand C Mark of Distance (For Hospitals, Institutions, Translents, or Mother Accidents) At place of death yis mos. ds. State, yis mos. ds. Where was disease centracted, if not at place of death yis mos. ds. Where was disease centracted, if not at place of death yis mos. ds. Where was disease centracted, if not at place of death yis mos. ds. Where was disease centracted, if not at place of death yis mos. ds. Where was disease centracted, if not at place of death yis mos. ds. Where was disease centracted, if not at place of death yis mos. ds. Where was disease centracted, if not at place of death yis mos. ds. Where was disease centracted, if not at place of death yis mos. ds. Where was disease centracted, if not at place of death yis mos. ds. Where was disease centracted, if not at place of death yis mos. ds. Where was disease centracted, if not at place of death yis mos. ds. Where was disease centracted, if not at place of death yis mos. ds. Where was disease centracted, if not at place of death yis mos. ds. Where was disease centracted, if not at place of death yis mos. ds. Where was disease centracted, if not at place of death yis mos. ds. Where was disease centracted, if not at place of death yis mos. ds. Where was disease centracted, if not at place of death yis mos. ds. Where was disease centracted, if not at place of death yis mos. ds. Where was disease centracted, if not at place of death yis mos. ds. Where was disease centracted, if not at place of death yis mos. ds. Where was disease centracted, if not at place of death yis mos. ds. Where was disease centracted, if not	8 00	CUPATION	Uhrone Valvular Heart ausau
(S) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Garretsville Md 10 NAME OF FATHER Aram Arros (Signed) At F. Bradley M. O. 2 De FATHER (State or country) Harford to had of Mother of Mother Great Country) Harford to had of Mother of Mother Great Country Harford to Md 13 BIRTHPLACE OF MOTHER Grace Name of Mother of Mother Grace of Mother Grace of Mother of Mother Grace of Mother	pai	1 Trade, profession, or tarmer	Death was very andden
Which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 Filed. Dies 31, 1812 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) (Informant) 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) (Informant) 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS	(b) General nature of industry		
Secondary	wh	ich employed (or employer)	
11 BIRTHPLACE OF FATHER State or country) Harford les Md 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER State or country) Harford les Md 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Thus H Arnois Bon (Address) RFD, Sharon Md 15 Filed Dec 31, 1812—Marion Md 16 Signed) H F Bradley Md. 0. State the Dispare Causing Drath, or, in deaths from Violent Causing, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, on death yrs. mos. ds. State, yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MENT Librity AMES lemetry Jan. 2., 191. L. 20 UNDERTAKER ADDRESS FILED 15 Filed Dec 31, 1812—March Loss Registrans ADDRESS ADDRESS ALL LIBROTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, on the contract of death yrs. mos. ds. State, yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MENT Librity AMES lemetry Jan. 2., 191. L. 20 UNDERTAKER ADDRESS ADDRESS	9 BI	(State or country) Journal Worle Md	Secondary
State or country) Harford les Md "State or Country) Harford les Md 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or country) Harford les Md 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Thus H Ammis Bun (Address) RFD. Sharon Md (Address) RFD. Sharon Md 15 Filed Die 31, 1815 - Mallipa 16 17 18 18 18 18 18 18 18 18 18			(Signed) A. F. Bradley, M. O.
13 BIRTHPLACE OF MOTHER (State or country) Harford led Md 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Thus H Amous Son (Address) RFD, Sharon Md 15 Filled Dee 31, 1915—Mollipa REGISTRAR 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place of death yrs. mos. ds. State, yrs. mos. ds. State, yrs. mos. ds. State, yrs. mos. ds. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	of FATHER (State or country) Harfield les And		
At place of death yrs. mos. ds. State, yrs. mos. ds. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Thus H Amois Son (Address) RFD., Sharon Md 15 Filed Dee 31, 1975— Mollips REGISTRAR At place of death yrs. mos. ds. State, yrs. mos. ds. Where was disease contracted, if not at place of deeth? 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS DATE OF BURIAL ADDRESS AT PLACE OF BURIAL OR REMOVAL ADDRESS A DDRESS DATE OF BURIAL ADDRESS AT PLACE OF BURIAL OR REMOVAL AT PLACE OF BURI	4	12 MAIDEN NAME GENOTHER GRACE Wann	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
(Informant) Thus H Amous Bon (Informant) Bon (Informant) Thus H Amous Bon (Informant) Thus H Amous Bon (Informant) Bon (Informant) Thus H Amous Bon (Informant) T		OF MOTHER . W.C. A A	At place in the of death yrsds. State,yrsds.
(Address) RFD, Sharon Md (Address) RFD, Sharon Md 19 PLACE OF BURIAL OR REMOVAL Vert Lebetty AME lemetry gam 2, 191 (2) 20 JUNDERTAKER ADDRESS Parrettsully REGISTRAR DATE OF BURIAL PADRESS ADDRESS	14 TI	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
15 Filed Dec 31, 1910- Mohilipa Per REGISTRAR (Address) 1. D. Shallipa Per Liberty AME lemetry gan 2, 191. C. ADDRESS Parrettsville	(Informant) 1:// 41-2 1 /		
Filed Dec 3/, 1910 - Allipa 20 UNDERTAKER ADDRESS GARRELLSWILL		(Address) RFD., Sharon Ind	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
ALEX REGISTRAR CY Kurtz Von Jarrellsville		A . 31 1- 200 PM	20 UNDERTAKER / ADDRESS
If more blanks are needed address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. Y.	FII		
		If more blanks are needed address State Registrar,	16 W. Saratoga St., Barto., Requesting V. S. No. Y.



[Approved by U. S. Census and American Public Health
Association.]

Housemaid, etc. If the occupation has been changed wife, Housework, or At Home, and children, not gainfully business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Screent, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Doy laborer, Farm laborer, Loborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesmon, (b) (rocery; (o) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used engineer, Stationary fireman, etc. But in many cases, know (o) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to ciun, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Plonter, Physiness of various pursuits can be known. The question applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-For many occupations a single word or term on the -('ool mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," For persons who have no occupation whatever, The material worked on may form part If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia, Bronchopmeumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by corbolic acid-probably SUICIDAL, or nomicidal, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths Struck by railway train-occident; Revolver wound to determine definitely. Examples: Accidental drowning, genital," "Senile," ctc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marusmus," "Old Age," "Shock," "Uracmia," "Weakness," "Puerperal peritorities," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "An oemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. "Tumor" for malignant neophasms); Measles; Whooping Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial The nature of the injury, as fracture of skull, The contributory (secondary or interem-Never report mere "Atrophy," ("Con-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS hould state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD WRITE V. S. No. 1:

BINDING

FOR

RESERVED

MARGIN

11

Village or City Have Sarah Bar	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale Mite Strike Wildowed Tevrale Mite (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from
TAGE May Month) (Day) (Year) (Year) TAGE If LESS than 1 day, hrs. OR min.? GOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of lodustry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	that I last saw h.e.r. alive on Dee 24 ,1915, and that death occurred on the date stated above, at m. The CAUSE OF DEATH * Was as follows: Alle Clores The Cause of the Caus
10 NAME OF FATHER Gratural, 10 NAME OF FATHER Gratural, 11 BIRTHPLACE OF FATHER (State or country) North Carolina 12 MAIDEN NAME OF MOTHER Curry Phealer	(Signed) State' the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicioal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) REGISTRAR If more blanks are needed, address State Registrar,	OR RECENT RESIDENTS) At place of death

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton Housemaid, etc. "Foreman," "Manager," "Dealer," etc., mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cion, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful--Cool mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupamany occupations a single word or term on the For persons who have no occupation whatever The material worked on may form part If the occupation has been changed The question without more

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," indefinite); Tuberculosis of lungs, menin-

state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably such, if impossible ges, peritonagum, etc.; Carcinoma, Sorcoma, etc., of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telonus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "An 1emia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Meosles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephrilis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitiat "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of to determine definitely. " "Old Age," "Shock," "Uracmia," "Weakness," or miscarriage as "Puerperal septichaemia," by railway train-accident; Revolver wound of "Senile," etc.), "Dropsy," "Exhaustion," Examples: Accidental drowning; State cause for which Never report mere



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N.B.

Village or City Laure Dairh Brile	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 8 [If death occurred is a hospital or institution, give its NAME instead of street and sumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDDWED, OR OLOROGED (Write the word) 8 DATE OF BIRTH 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDDWED, OR OLOROGED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191 5, to bue / 9, 191 5, that I last saw how alive on buel 0
OA 1 day hrs	and that death occurred on the date stated above, at 6 m, The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or Articular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duration) yrs. mos. ds. Contributory (Secondary)
10 NAME OF JURIOUS 11 BIRTHPLACE OF FATHER (State or country) Jurkneur 12 MAIDEN NAME OF MOTHER ULKNEURY 12 MAIDEN NAME OF MOTHER ULKNEURY 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN 17 MAIDEN NAME OF MOTHER 18 MAIDEN 19 MAIDEN 10 NAME OF MOTHER 10 NAME OF MOTHER 11 BIRTHPLACE OF FATHER 11 BIRTHPLACE OF FATHER 12 MAIDEN 13 MAIDEN 14 MAIDEN 15 MAIDEN 16 MAIDEN 17 MAIDEN 18 M	(Signed) yrs mos ds. (Signed) , M. D. (Signed) , M. D. (State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Mekeurur. 14 THE ABOVE IS TRUE TO THE REST OF MY KNOWLEDGE (Informant) (Address)	At place In the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed See 20, 191 6 Commen	Binck Clevel DEC 20, 1915. 20 UNDERTAKER ADDRESS HOLOGIST Melrone Horacolom

If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. 8. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). should be taken to report specifically the occupations duties of the household only (not paid Housekcepers material worked on may form part of the second additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. ness. If retired from business, that fact may be indl-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has For persons (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Branchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and quality as childbirth or miscarriage, as "Purremeal septicharcause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Con-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver round of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. "Hart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumer" for malig ture of the American Medical Association.) cause of death approved by Committee on Nomencla-Accidental drowning; Struck by railway train-accioma. Surcoma. etc., of _ The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can State cause for For VIO-



V. S. No. 1.

Exery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

Gouply Hartland 21756	STATE OF MARYLAND CERTIFICATE OF DEATH
00	Registration Dist. No.
Village or City Haver Dollroll	St.; Ward) [If death occurred in a hospital or institution,
10 40	give its NAME Instead of street and number.
2 FULL NAME (ohn transel	m Browns.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
male Whate with the work war.	16 DATE OF DEATH Dec. 6th, 1915 (Month) (Day (Year)
ODATE OF BIRTH O	17 I HEREBY CERTIFY, That I attended deceased from
letober 15- , 1879	that I last saw h in allyeon 12 5 1915
(Month) (Day (Year) 7 AGE If LESS than	and that death occurred on the date stated above, at 12.30 c.m.
3-6 yrs / mos 2 / ds OR min.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or	Jehren & State
particular kind of work	BKull Down resconce for
(b) General nature of Industry, business, or establishment in which employed (or employer)	in the road (Ouration) yrs. a mos. / ds.
9 BIRTHPLACE (State or country)	Secondary 1 12 - Dean Coroner
10 NAME OF Maryland	(Outation) ms. ds.
FATHER John Brown	(Signed) fames 36 Bay, M.D.
OF FATHER OF FATHER	13/6/, 1915. (Address) Thomas Dr. Give
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or. in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
- www.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Mus Colarta m mill	Former or Usual residence
(Address) Port Deposit	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Shard 1- Hilsay	Hofrewellemeter Jee 9 , 181 3
Flied 191 REGISTRAR	LOOK CONTENDENTIALE,
If more blanks are needed, address State Regis	strar, 6 E. Franklin St., Balto, Requesting V S No. 1

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No... St.:...Ward) 3 months abortion MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. Write the word) I HEREBY CERTIFY, That I attended deceased from not at all 6 DATE OF BIRTH 7 AGE It LESS than 1 day ___hrs. OR -...min. ? mos. spor Lauloux BOCCUPATION months due (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which amployed (or employer) Contributory Secondary (State or country) PARENTS (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS At place In the of death yrs. mos. ds. State yrs, mos, ds Where was disease contracted. THE BEST OF MY KNOWLEDGE If not at place of death? usual residence... 19 PLACE OF BURIAL OR REMOVAL

Ilt death occurred in

a hospital or institution, give Its NAME Instead

of street and number.]

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REVISED UNITED STATES S'

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopucumonia ("Pneumonia," unqualified, is iudefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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em of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS on back of certificate. PLAINLY, WITH See instructions WRITE important N. B.—Every P. CAUSE

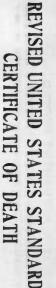
PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS SEX COURS OR RACE MARRIED, WIDOWED, ORDIVORCED (World the word) DATE OF BIRTH MONTH) (Month) (Day) (Year) That I last saw har alive on Male 2.	lastitution, its instead number.]
SEX 4 COLOR OR RACE MARRIED, White Middle Month Month	Year) sed from
MARRIED, WIDOWED, ORDIVORCED (Worth the word) B DATE OF BIRTH January 15 1 1 1 1 1 1 1 1	Year) sed from
AGE The Cause of Death Th	1915
1 day,hrs. yrs. mos. ds. ORmin.?	
ACCUPATION ATTIMATE	
(a) Trade, profession, or particular kind of work	**************************************
(State or country) Dearborough Spazzus (Deration) Joname of Father Calvin A Common	ds.
13 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE 13 BIRTHPLACE 14 STATE OF MOSPITALS. INSTITUTIONS, TRA OR RECENT RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRA OR RECENT RESIDENCE)	CIDEN-
OF MOTHER (State or country) At place of death yrs. mos. ds. State yrs. mcs. The above is true to the best of my knowledge if not at place of death?	ds.
Former or usual residence. [Address] John Many Lord Parester of Usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OR REMOVAL	1915

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

causing death, state occupation at beginning of illof persons engaged in domestic service for wages, as minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) It should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative Realthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," If the occupation has Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal septichaecause of death approved by Committee on Nomencia. "Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronu ver" is less definite; avoid use of "Tumor" for mails ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably -Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can State cause for Examples:



BINDING RESERVED FOR MARGIN

V. S. No. 1.

N.B.—Every liter of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH 21731 STATE OF MARYLAND CERTIFICATE OF DEATH			
county Marford all of	CERTIFICATE OF DEATH		
	Registration Dist. No.		
Village or City Sewell (No	St.; Ward) [it death occorred in a hospital or institution,		
FULL NAME Privale-Patrick & Casey give its NAME testead of street and comber.]			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Male COLOR OR RACE Single, MARRIED, WIDOWED, WIDOWED, DRDIVDACED (Write the word)	16 DATE OF DEATH Dec 22, 1915 (Month) (Day (Year)		
8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended decessed from		
not Known ,878	, 191, to		
(Month) (Day (Year)	that I last saw h alive on		
7 AGE If LESS than	and that death occurred on the date stated above, at 11,20 Pm,		
37 yrs mos. ds. or min.?	The CAUSE OF DEATH* was as tollows: Thele from 18 + 0 train #		
(a) Trade, profession, or Privale U.S. army	3 while enroute from Brooklyn		
particular kind of work. (b) General nature of industry,	to coursville and.		
business, or establishment in	(Ouration) yrs mos. ds.		
which employed (or employer) BIRTHPLACE (State or country) Contributory Secondary			
10 NAME OF	(Doration) yrs mos ds.		
FATHER Not Known	(Signed) Coroner		
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT		
12 MAIDEN NAME Not Kirown	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,		
13 BIRTHPLACE OF MOTHER (State or country) Not Ruown	OR RECENT RESIDENTS) At place to the of deathyrs,mosds		
14 THE ABOVE S TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?		
(interment) From Gordina	Former or usual residence		
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
16	Brooklyn 1ry Dec 30, 1916		
Filed Dec 30, 1915 - Loyen 6 Betier	Howard KM- Come appress		
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.			

[Approved by U. S. Census and American Public · Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. been changed or given up ou account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ralvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary of intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 de.; (Recommendations on statement of "Exhaustion," For VIO-



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Instructions pial

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certificate.

PHYSICIANS

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in Village or City St :----Ward) (No. a hospital or institution. give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE MARRIED, Moen WIDDWED, (Month) (Day) ORDIVERCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH Ate 12 th , 1915, to Aze 15 th that I last saw har alive on Dac 14 (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 3 1 1 day hrs. The CAUSE OF DEATH* was as follows: Stacke Porchain OR min. ? Obout 2 or 3 years ago offecting faft side and STEAR SETTIME Office Throse SOCCUPATION (a) Trade, profession, er (b) General nature of Industry. business, or establishment in (Ouration) yrs..... which employed (or employer) Contributory..... ⁹ BIRTHPLACE (State or country) (Secondary) (Ouration) _____ yrs ____ mos ___ ds. 10 NAME OF FATHER (Address) 3 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death yrs. mos. ... _ ds. State _____ yrs. ____ mcs. ____ ds. Where was disease contracted. If not at place of death? Former or usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKE ADDRESS if more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. II the profess.

Servant, Cook, Housemaid, etc. II the profess.

CAUSING DEATH, state occupation at beginning of ill.

If this certificate is looked over thoroughly and corresponding any profess.

To reference Ally the data is essential and must be obtained before the corresponding to the cor of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional, line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

losis of lungs, meninges, peritonacum, etc.. Carcinpneumonia"); Lobar pneumonia; Bronchopneumonia term for the same disease. Examples: Ccrcbrospinal time and causation), using always the same accepted causing prath (the primary affection with respect to ("Pneumonia," unqualified, is indefinite); Tubercubrospinal meningitis"); Diphtheria (avoid use of fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE Typhoid fcver (never report "Typhoid

> "Contributory." such, if impossible to determine definitely. Examples: childbirth or miscarriage, as "Puerperal septicharinjury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the which surgical operation was undertaken. For viomia," "PUERPERAL pertionitie," etc. State cause for cause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness, "Heart failure," "Haemorrhage," "Inanition." "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Meastes (discase causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis er" is icss definite; avoid use of "Tumor" for malignant neoplasms); Measled; Whooping cough; Chronic dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as "Collapse." "Coma," "Convulsions," "Debility" ("Con Bronchopncumonia (secondary), 10 ds. Never report oma. Surcoma. etc., of The contributory (secondary or intercurrent tetanus) may be stated under the head of "Senile," etc.), "Dropsy," (name origin; "Can "Exhaustion,

the Effects of Ponocynic once un of ony contagnour or infractions attending Physican Bagley; P.O. Harford & mongland. Thate Dagley mis south Dersey from

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAVSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

V. S. No. 1.

STATE OF MARYLAND County State OF DEATH County District No. 1	2
Village or City Tale And (No, St.; Ward) 2FULL NAME Dehn Elliott Registration Dist. No [It death occ a hospital or in give its NAME of street and no	stitution, Instead
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
Male Single, MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WITH THE THE WORD (Month) (Day (Write the word)) 16 DATE OF DEATH Dec., 30 %. (Month) (Day (Day)	1915 Year)
6 DATE OF BIRTH (Month) (Day (Year) (Month) (Day (Year) (Year)	191
and that death occurred on the date stated above, at the CAUSE OF DEATH; was as follows: Common of Death of Work	******************
(State or country) 10 NAME OF FATHER 11 NAME OF SIGNATURE (Signed) (Signed) (Signed) (Signed)	
*State the Disease Causing Death, or, in deaths from Talk Solicidal, or Homicidal. *State the Disease Causing Death, or, in deaths from Talk Solicidal, or Homicidal. *State the Disease Causing Death, or, in deaths from Talk Solicidal, or Homicidal. *State the Disease Causing Death, or, in deaths from Talk Solicidal, or Homicidal. *State the Disease Causing Death, or, in deaths from Talk Solicidal, or Homicidal. *State the Disease Causing Death, or, in deaths from Talk Solicidal, or Homicidal. *IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Trader or Country) At place of death	NSIENTS,
Susual residence. 19 place of Burial or Removal Date of Burial or Removal Date of Burial or Removal In place of Burial or Removal Date of Burial or Rem	1916 , 1916



[Approved by U. S. Census and American Public Health Association.]

cated thus: uess. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcine

childbirth or miscarriage as "Puerperal septichae affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of mia," "Puerperal peritonitis," etc. State cause for ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Juauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probabily LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS

A PERMANENT

.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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N.B.

1 PLACE OF DEATH	STATE OF MARYLAND
Atoriand	CERTIFICATE OF DEATH
County 24 00 21733	Registration Dist. No. 184
Village or City Castleton (No,	St; Ward) [It death occurred I a hospital or Institution give its NAME instead of street and number.]
	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
Remale White (Write the word)	(Month) (Day) (Year)
8 DATE OF BIRTH	I HEREBY CERTIFY, That attended deceased from
March 3 , 848 (Month) (Day) (Year)	that I last saw h Lk alive on Auc 8Th 1915
7 AGE It LESS than	and that death occurred on the date stated above, at 7 0, m
70 yrs. 9 mos. 5 ds. or mlo.?	The CAUSE OF DEATH* was as follows:
(a) Frade, profession, or general Housework (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos 6 ds
9 BIRTHPLACE (State or country)	Contributory (Secondary)
10 NAME OF FATHER Jacob Burkins	(Signed) (Signed) (Signed) (Address) (Sarlustion)
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 10 10 1	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Sola F Gailly	Where was disease contracted, it not at place of death? Former or usual residence.
(Address) Darlington Q. 7D.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Dec 10 1915 M. R. Whitelook	20 UNDERTAKE ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Ireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—In with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcinosis of lungs, meninges, periionaeum, etc..

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUEEPEEAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably etc., when a definite disease can be ascertained as the "Heart failnre," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronia ter" is less definite; avoid use of "Tumor" for malls. ture of the American Medical Association.) "Contributory." by carbolic acid—probably suicide. which surgical operation was undertaken. For viogenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," ... (name origin; "Can-The nature of the Never report



Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD V. S. No. 1. N.B.

BINDING

FOR

RESERVED

MARGIN

County Harford 21734	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Villago or City Marchael (No. ,	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Miele Single, Married, Moower or Write the word)	16 OATE OF OEATH 2 2 4 , 1915 (Month) (Day) (Year)
6 OATE OF BIRTH June 22, 1839 (Month) (Day) (Year)	that I last saw have alive on Description 1915.
7 AGE (Moath) (Day) (Year) 7 AGE If LESS than 1 day, hrs. OR min. ?	and that death occurred on the date stated above, at 2 m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of lodustry business, or establishment in	Minal Regurgation
which employed (or employer) BIRTHPLACE (State or country) Harbord Co,	Contributory Droken Company (Buration) yrs mos do.
10 NAME OF FATHER Quarery Govell 11 BIRTHPLACE	(Signed) Fholeice Man on Fre Tend
State or country) 12 MAIOEN NAME OF MOTHER 12 MAIOEN NAME OF MOTHER 13 MAIOEN NAME OF MOTHER 14 MAIOEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causea, state (1) Meana of Injury; and (2) whether Accinental, Suicioal or Homicioal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At pieca in the af death
(Informant) Mrs. Fred In Cleritoche.	If not at place of death?
(Address) Havedelmale Md 15 Filed Dre. 76 = 1915 James 36 Bay	PLACE OF BURIAL OR REMOVAL OATE OF BURIAL ROCK RUNCEUN. Bed. 26, 191.3 20 UNOERTAKER, AOORESS
If more blanks are needed, address State Registrar, 1	BW Saratora St. Ralto Recognition V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Scrvant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, engineer, Stationary fireman, etc. But in many Housemaid, etc. the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the seeond statement. mobile factory. mill; (a) Salesman, (b) Crocery; (a) Foremon, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of oeeupavarious pursuits can be known. The question For persons who have no occupation whatever, The material worked on may form part statement. Never return "Laborer," If the occupation has been changed But in many eases, (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meningitism) indefinite); Tuberculosis of lungs, meningularities.

suicide. The nature of the injury, as fracture of skull SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic ocid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shoek," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion, "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia chopneumonia (seeondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of.... "PUERPERAL peritonitis," etc. birth or misearriage "Heart failure," "Haemorrhage," "Inanition," "Maras-(name origin; "Cancer" is less definite; avoid use of when a definite disease can be ascertained as the Always qualify all diseases resulting from child-The contributory (secondary or intercuras "PUERPERAL septichuemia, State cause for which



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County	Harfred	21735	STATE OF MARYLAND CERTIFICATE OF DEATH
Village o	FULL NAME SIN	auna Eath	Registration Dist. No. St.; Ward) St.; Ward St.; Ward) St.; Ward
	PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX Secural Security S	e Mil	write the word)	(Month) (Day (Year)
7 AGE	Month) 7 Wrs — mos	If LESS than and 1 day,hrs.	at I last saw here alive on See 2 1915 of that death occurred on the date stated above, at 5 15 ft of CAUSE OF DEATH* was as follows:
particular k (b) General business, or which emplo	TION rotession, or ind of work nature of industry, r establishment in yed (or employar) ACE or country)		(Duration) yrs mos 2 6 Contributory Arlerio seleronis 7 Secondary
S 11 BH O (S 12 MA	ME OF ATHER ATHER State or country) IDEN NAME F MOTHER	uflant	gned) (Duration) yrs mos gned) (Address) (Addr
13 BIF	RTHPLACE MOTHER State or country)	AT OF WHE IT	DENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) place In the death yrs mos ds. State yrs mos tere was disease contracted, not at place of death?
(Ad	dress to acles	18	PARCE OF BURIAL OR REMOVAL DATE OF BURIAL LESTITA CENTIA UNPERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeeper's mine, etc. fication as Day laborer, Farm laborer, Luborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. been changed or given up on account of the disease Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many oecupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b) return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenelasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Paisoned Aceidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scotichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from may be stated under the head of (Recommendations on statement of (secondary or intercurrent) death), 29 ds.; "Exhaustion," For vio-



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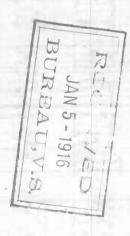
	1 PLACE OF DEATH	STATE OF MARYLAND	
	7 Las lord 21630 (5	CERTIFICATE OF DEATH	
Co	unty Tologo in	Registration Dist, No. 181	
	4/2 1 .11	Registration Dist, No.	
Vill	lage or City Strawelle (No,	St.;Ward) [If death occurred is a hospital or institution,	
	0.0	give its HAME instead of street and number.]	
	FULL NAME SURVEY -	201 Steet and number.	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 51	4 COLOR OR RACE 5 SINGLE, MARRIED. Midwiel	16 DATE OF DEATH Die 10 1015	
7	nale White ORDIVORED, ORDIVORED (Write the word)	(Month) (Day (Year)	
8 0	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from	
- 5,	May 19- 1879	april 23 , 1915 to dept 26 , 1915	
	(Month) (Day (Year)	that I last saw h see alive on Sefet 76 ,191	
TAG	If LESS than	and that death occurred on the date stated above, at	
	86 yrs 6 mos 2/ds OR min.?	The CAUSE OF DEATH* was as follows:	
80	CCUPATION	artinoschous te	
(a)	Trade, profession, or	***	
	General nature of industry,		
bus	iness, or establishment in OF ANNUALA	(Ouration) 2 yrs mos ds.	
9 BIRTHPLACE		Contributory Old age	
	(State or country) Larbord Vy. Md.	Secondary .	
	10 NAME OF FATHER	(Doration) yrs mos ds.	
	Jacob James	(Signed) Alexandry , M. D.	
PARENTS	11 BIRTHPLACE OF FATHER	(Address)	
ZE	(State or country) of afford, W.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
PAF	OF MOTHER		
	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
	OF MOTHER (State or country)	At place in the of death yrs, mos ds. Slate yrs, mos ds	
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?	
(Informant) a Minnie Coale		Former or	
	Wherdoon MA A FD.	usual residence	
-	(Address) Worder My, n. f., B.	10 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
Filed Dec 10 1910 Prior (Michael 20 UNDERTAKER) ADDRESS			
File	HOLD TOTAL PROJECTION	Mensy To	
		trar, 6 E. Frysklin St., Balto., Regovering V. S. No. 1.	
the ball of the brightness of the ballon, method the v. S. No. 1.			

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING NEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing nearin (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cer" is less definite; avoid use of "Tumor" for malig-nant neoplasms); Measles; Whooping cough; Chronio injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report The contributory Measles (discase causing death), 29 ds.; "Senilc," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion,"



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No It death occurred in (No. St.:---Ward) a hospital or Institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, 16 DATE OF DEATH SEX 4 COLOR OR RACE MARRIED. WIDDWED (Month) (Dav (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. The CAUSE OF DEATH* was as follows: OR 7 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) ... Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME DEATH In pose a Instructions of OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death _____ yrs. ____ mos. __ State yrs. ____ mos. ... ___ ds. Where was disease contracted. 14 THE ABOVE IS TRUE OF MY KNOWLEDGE It not at place of death? Former or usual residence. OF BURIAD OR REMOVAE DATE OF BURIAL 15 20 UNDERFANER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Bequesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," ungnalified, is indefiuite): Tubereulesis of lungs, meninges, peritonacum, etc., Carcin-

affection ueed not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic mia," "PUEBFERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerreral septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. oma, Sarcoma, etc., of..... (uame origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of Never report

N.B.

PLACE OF DEATH	STATE OF MARYLAND
County Harrord 21737 (X	CERTIFICATE OF DEATH
	Registration Dist. No. 18
Village or City Hairede haceing	St: Ward) [It death occurred in
O	a nospitat or institution, give its NAME instead
2 FULL NAME Mary 6. Me	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Formale Hute (Write the word)	16 DATE OF DEATH 7, 1915 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from 18 1915, to 5 2 2 1915,
(Month) (Day) (Year)	that I last saw her alive on De 2/7, 1915,
7 AGE If LESS than t day,hrs.	and that death occurred on the date stated above, at
yrs. 2 mes. 6 ds. OR min.?	The CAUSE OF DEATH # was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work	
(b) General nature of Industry business, or establishment in which employed (or employer)	fine (Ouration) y/s. / moe ds.
9 BIRTHPLACE (State or country) Harreile Grace.	Secondary Secondary (Burelles) Transport The description of the de
10 NAME OF John S. Frietzger.	(Signed) T. M. Circus, M. C.
11 BIRTHPLACE OF FATHER (State or country) Levinany	State the Dispass Causing Dwars or in deaths from Violent
OF MATHER COF MOTHER STATE OF	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place to the state,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wes disease contracted, If not at place of death?
(Informant) Duss Clara Hodges	Fermer or usuel residence
(Address) Have de Prace	Laucastes Ta, Dec. 24, 1915
Fled Dec. 22 1915 James He Bay	20 UNDERTAKER ADDRESS
REGISTRAR If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Caok, taken to report specifically the occupations of persons wife, Housewark, or At Home, and children, not gainfully -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers employed, as At school or At home. Care should be who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many eases, cian, Compositar, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of Occupation-Precise statement of occupamany occupations a single word or term on the is very important, so that the relative healthful-The material worked on may form part (a) Spinner, (b) Colton If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," Lobar pneumonia, indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, on Nomenclature of the American Medical Association.) to determine definitely. Examples: Accidental drawning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephruis, etc. cough; Chranic valvular heart disease; Chronic interstilial "Tumor" for malignant neoplasms); Measles; Whooping Example: Measles (disease causing death), 29 ds.; Bron-" "Old Age," "Shoek," "Uramia," "Weakness," or miscarriage as "PUERPERAL septichaemia," by railway train-accident; Revolver wound of The contributory (secondary or intercur-State cause for which Never report mere



carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very

See Instructions on back of certificate.

Every item of information should be carefully CAUSE OF DEATH in plain terms, so that it important. See instructions on back of certifical

N. B.

RECORD

PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS A

V. S. No. 1.

à cho de la company de la comp	
1 PLACE OF DEATH	STATE OF MARYLAND
County Hasford 21738	CERTIFICATE OF DEATH
Gounty.	161
1 1 -	Registration Dist. No. / D /
Village or City Emmauk Fano.	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME Baky Mivuls	acale_
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
130 de 12 100	, 191, 191, 191
(Month) (Day (Year)	that I last saw h alive on, [9]
7 AGE If LESS than	and that death occurred on the date stated above, at
Succe / rook 1 dayhrs.	The CAUSE OF DEATH* was as follows:
yrsds. ORmin.?	1. · · · · · · · · · · ·
BOCCUPATION (a) Trade, protession, or	full out
particular kind of work	
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrsmosds.
9 BIRTHPLACE (State or country) Manualis -5	Gontributory Secondary
(State or country) Thompsen	
10 NAME OF GATHER GALLE - FMONLS dale -	(Boration) yrs mos ds.
FATHER Froge of Mones dale	(Signed) M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT
of Mother one Thomps	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Manyloud	At place In the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
Alst Dulance Vist	If not at place of death?
(Informant)	usual residence
(Address). Penniau Deco	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 (AULUSS)	alienston Cerntery DEL 25 1915
Filed DEV 24, 1915 - Dron Offlutal	20 UNDESTRIKER ADDRESS MA

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No.



[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. cases, especially in industrial employments, it is neewho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Preeise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carein-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," cte. State eause for childbirth or misearriage as "Puerperal septichaceause. Always qualify all diseases resulting from ete., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can ture of the American Mcdical Association.) cause of death approved by Committee on Nomenela-"Contributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head (Recommendations on statement of death), 29 ds.; For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS

A PERMANENT RECORD

-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N.B.

Village or City Pull NAME Of DEATH 21739 Village or City (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) St.; Ward) [If death occurred in a hospital or lostitution, give its NAME lostead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or race Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 18 18 18 19 18 18 19 19 19 19
7 AGE (Month) (Day (Year) 7 AGE If LESS than f day, hrs. or min. ?	that I last saw h malive on See 16 1915 and that death occurred on the date stated above, at 62 m The CAUSE OF DEATH* was as follows:
(0) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs mos Z hags
Description of the second of t	(Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, or Homicipal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted, if not at place of death? former or usual residence.
(Address) Comman Ind 15 Filed DEC. 16, 1915 Orion Allehad Begistrar	2D UNDERTAKER 2D UNDERTAKER 2D UNDERTAKER ADDRESS ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal the nature of the business or industry, and therefore an been changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthfulfirst line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid diseasend); Lobar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeete, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby earbolie acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-aceiwhich surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," (Recommendations on statement of (disease eausing death), 29 ds.; "Exhaustion," For VIO-



202

D . PHYSICIANS shoul RECORD PERMANENT INK UNFADING 50 WITH PLAINLY rH in plain DEATH IN WRITE Every item CAUSE OF Important.

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [If death occurred la -Ward) a hospital or institution. give its NAME Instead of street and number.1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIOOWED, (T)av (Month) OROIVORCEO (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day TAGE if LESS than and that death occurred on the date stated above, at f day hrs. OR 7 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Doration) O yrs. O mos 7 ds. which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Duration) 10 NAME OF FATHER (Signed 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER (State or country) of death _ State ____ yrs. _ yrs. .. _ mos. _ Where was disease contracted. If not at place of death? Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address)

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Poreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, material worked on may form part of the second Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic "Contributory." by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), may be stated under the head of (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," For VIO-



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

BINDING

FOR

RESERVED

MARGIN

1 DI ACE DE DEATH

County Hayford 21741	CERTIFICATE OF DEATH Registration Dist. No.
Village or City Comprise (No. 2 FULL NAME & mma 9, 0	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Black 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (May) (Year) 17 1 HEREBY CERTIFY. That I attended deceased from
March 10, 1900 (Month) (Day) (Year)	that I last saw h = allve on Te J 1915,
7 AGE 15 yrs. 8 mos. 25 ds. OR mic.?	and that death occurred on the date stated above, at 7 m. The CAUSE OF DEATH * was as follows:
CCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	Julmono Julesculores (Aurallon) - yrs. 6 mos ds.
9 BIRTHPLACE (State or country) W Perryman Kanfool	Contributory Secondary (Sursiles) yrs. mes. ds.
10 NAME OF FATHER Meliam a Pett 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER COMMOTHER COMM	State the Dishase Causing Death, or, in deaths from Violent Causes, state (1) Mrans of Injury; and (2) whether Accidental, Suicinal or Homicinal.
13 BIRTHPLACE OF MOTHER (State or country) Canford Cond.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In ths of deathyrs
(Informant) Meliam a Sitt	If not at piscs of deeth? Former or ususi residence
(Address) Pergman and 18 Filed Dec 7, 1915 Dec REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MINN Chaple Die 8, 1915 20 UNDERTAKER CHAPTER ADDRESS ADDRESS
If more blanks are needed, address State Registrar, 1	W. Saratoga St., Balto., Requesting V. S. No. 1



[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from engaged in domestie service for wages, as Servant, Cook employed, as At school or At home. Care should be cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton ness of various pursuits can be known. The question write None. Housemaid, etc. precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupamany occupations a single word or term on the very important, so that the relative healthful-For persons who have no occupation whatever, If the occupation has been changed without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

cough; Chronic valvular heart disease; Chronic interstitial etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraumia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exnausuon, "Heart failure," "Hemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping MEANS OF INJURY and qualify as ACCIDENTAL, or miscarriage as "Puerperal septichaemia," by Always qualify all diseases resulting from ehild-The nature of the injury, as fracture of skull, railway train-accident; Revolver The contributory (seeondary or intercur-State eause for which Never report mere nound.



PHYSICIANS t statement of CERTIFICATE OF DEATH Registration Dist. No. if death occurred in Village or City ...Ward) EXACTLY. P a hospital or institution. give its NAME instead of street and number.] RECORD PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE. 3 SEX 16 DATE OF DEATH class 4 COLOR OR RACE MARRIED PERMANENT WIDOWED (Month) (Day) be properly certificate. OR DIVORCED EBY CERZIFY, That I attended deceased from 6 DATE OF BIRTH onld (Year) 90 (Day) ay of 7 AGE If LESS than and that death occurred on the date stated above, at 400 m. ш 1 day, hrs. ck E C was as follows: min. ? pa that OCCUPATION pplied 0 (a) Trade, profession, pr ons particular kind of work 000 (b) General nature at lodustry in terms, business, or establishment in term which employed (or employer carefully Contributory 9 BIRTHPLACE Secondary (State or country) E 0 20 10 NAME OF FATHER (Signed) onid S 11 BIRTHPLACE ENT OF FATHER (State or country *State the DISEASS CAUSING DEATH, OF The deaths from VIOLENT CAUSES. State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SA 50 12 MAIDEN NAME SUICIOAL OF HOMICIOAL Œ OF MOTHER ORF 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, very EW OR RECENT RESIDENTS 13 BIRTHPLACE At place In the Infor OF MOTHER (State or country) sf death Sisle. Where was disease contracted. 14 THE ABOVE IS TRUE TO Should state C OCCUPATION if not at place of death? Former or usual residence DATE OF BURIAL ... 101..2... 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

22204

1 PLACE OF DEATH



[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Scrvant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Tealer," etc., without more mobile factory. The material worked on may form part is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; (a) Foreman, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physiespecially in industrial employments, it is necessary to engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Compositor, Architect, very important, so that the relative healthful-For persons who have no occupation whatever, Stotionary fireman, etc. Locomotive engineer, But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

Struck under the head of "Contributory." suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracınia," "Weakness," genital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial ges; perilonaeum, etc., Carcinoma, Sarcoma, etc., of cause. "Heart failure," "Haemorrhage," "Inanition," "Marasrent) affection need not be stated unless important "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of or miscarriage as "Puerperal septichaemia," by railway train-accident; Revolver Always qualify all diseases resulting from child-"Senile," etc.), "Dropsy," The contributory (secondary or intercur-State cause for which Never report mere (Recommendations "Exhaustion," wound of



N. B.—Every yem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
come Hallord 21719 (CERTIFICATE OF DEATH
County Harffra 21742	Registration Dist, No. 185
Village or City A hayare (No	St.; Ward) [If death occurred in a hospital or institution,
*FULL NAME Harmon Ira Pers	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white Single, MARRIED, undowed, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH	Des 1915, to Des 16, 1915.
(Month) (Day (Year)	that I last saw ham alive on Dec 16 ,1915
⁷ AGE If LESS than	and that death occurred on the date stated above, at 1/96 clm.
4 4 yrs 3 mos 1 9 ds. or min.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	Lobar Proumonia
(b) General nature of Industry, business, or establishment in which employed (or employer) Samue Laboreia	(Ouration) yrs mos ds.
9 BIRTHPLACE (State or country) Chester 60 Pa.	Gentributory Secondary
10 NAME OF FATHER CONGS Prumolds	(Signed) ### Bradley , M. D.
OF TATHER OF FATHER	Dec 19, 1915 (Address) familla clld
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place
(State or equatry) Wax known	of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informanty Mess fral try notes)	Former or usual residence
(Address) Sharon Illa	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 1 2 200 h . 41.	Koopteun le em Dec 20 Ch, 191"15
Filed 19, 191 V FILMULAND REGISTRAR	20 UNDERTAKER ADDRESS
	rat, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
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[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who receive a definite salary), may be entered as first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN

BINDING

RESERVED

1 PLACE OF DEATH County Harpind 21743	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 83
Sex. R	St.; Ward) St.; Ward) [If death occurred in a hospital or institution, give lits NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, MODERN WIDDWED OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH Del 7 184	HEREBY CERTIFY, That attended deceased from 1915, to 3, 1915, to 3, 1915, to 3, 1915,
(Month) (Day) (Year of Most) If LESS the state of the sta	and that death occurred on the date stated above, at 122 m.
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry	
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Han some dear the state of the s	Contributory Schalatina / tent
10 NAME OF Benjamin Rigdon	- March - Land - Alleria 5 - a
DE BIRTHPLACE OF FATHER (State or country) Horrowd leo Md	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of Mother Mary y Watters 13 BIRTHPLACE OF MOTHER (State or country) Warford les Md 14 THE ABOVE IS TRUE TO THE BEET OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
OF (Informant) Sallie Rigdon (Mife	Former or usual residenca
(Address) RFD. Sharver, Add	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Non Walters nummeral lon De 7 1915
Filed Del 6, 1915 Def REGISTRAR	Control of the second
If more blanks are needed, Address State Registr	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. A.



[Approved by U. S. Census and American Public Health Association.]

write None. or given up on account of the nisease causing neath, of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more cum, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day luborer, Form laborer, Laborer mobile factory. mill; (a) Salesman, (b) Trocery; (a) Foremon, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -('oal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from (b) Anto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

genital,". on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetonus) may be stated Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscarriage as "Puerperal septichuemia," cause. Always qualify all diseases resulting from child-"Heart failure," "H: emorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Urscmin," "Weakness," eough; Chronic valuular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic ocid-probably to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. State cause for which symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never report mere "Tumor" for malignant neoplasms); Measles; Whooping etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercur-(name origin; "Caneer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of.... "Coma," The nature of the injury, as fracture of skull, "Senile," "Convulsions," etc.), "Dropsy," "Debility" "Atrophy," "Col-"Exhaustion," ("Con-



BINDING FOR ESERVED MARGIN

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should OCCUPATION PHYSICIANS RECORD statement PERMANENT Exact classified. pe pinous properly AGE INK supplied. pe UNFADING may certificate. that It 20 0 back terms, plain Instructions 5 EATH ā

(Address)

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in Ward) a hospital or institution, give its NAME Instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from alive on, 191...., (Month) (Day (Year) TAGE If LESS than and that death occurred on the data stated above, at 1 dayhrs. DEATH* was as follows: OR 7 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death _____ yrs, ____ mos, ___ ds. State _____ yrs. __ Where was disease contracted, If not at place of death? Former or usual residence.

PLACE OF BURIAL OR

DATE OF BURIAL ADDRESS

REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Ceneus and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestie service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the msrase causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenela-"Contributory." injury, as fracture of skull, and eonsequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for ehildbirth or misearriage as "Puerperal septichaeete, when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal eonditions, such as "Asample: Meastes (disease eausing death), 29 nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE DE BEATH in pialn terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County PLACE OF DEATH 21745	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Int most tun (No. 141) 2FULL NAME CUCher Star	St.; Ward) [If death occurred in a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, MIDOWED, WIDOWED, WIDOWED, WIDOWED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
8 DATE OF BIRTH (Month) (Day (Year)	that last saw halive on
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.	Instrating Ordun
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country)	Secondary (Duration) yrs mos ds
10 NAME OF FATHER OT AMA Alugell 11 BIRTHPLACE	(Signed) T, Let Augher mos ds. (Signed) T, Let Augher M. D. (Let 3, 191 2 (Address) Ble Augher M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Runnichis	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted,
(Informant) The BEST OF MY KNOWLEDGE	If not at place of death? Former or usual residence.
16 Piled Des 19 1915 I Folgen Dean	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL AUTHORITAGE 20 UNDERTAKER ADDRESS
REGISTRAR	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations tion is very important, so that the relative healthfulof persons engaged in domestic service for wages, as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But iu many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehae-"Heart failure," "Haemorrhage," "Juauition," "Marastheuia," "Anaemia" (merely symptomatic), "Atrophy." affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, naut ueoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." iujury, as fracture of skull, aud consequences (e. g., sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabby LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronehopneumonia (secondary), 10 ds. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations ou statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report



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SICIANS should OCCUPATION IS statement classified. properly pe may 90 50 back uo plain Instructions 5 14 THE ABOVE 00 OF CAUSE OF 15

OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country

(Intormant)

(Address)

PHYSICIANS

RECORD

PERMANENT EXACTLY.

STATE OF MARYLAND 1 PLACE OF DEATH 21746 CERTIFICATE OF DEATH Registration Dist. No. lif death occurred in Village or CityWard) a hospital or Institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, (Month) (Dav ORDIVORCED 17 I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. OR ? 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE Contributory. Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) 12 MAIDEN NAME

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT' CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.

At place of death yrs mos ds. Where was disease contracted,	In the State	yrs,	mos	da
Where was disease contracted,				

OR RECENT RESIDENTS)

Former or usual residence.

BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

KNOWLEDGE



[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. who receive a definite salary), may be entered as (a) Spinner, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puenpenal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection necd not be stated unless important. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for



N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of A PERMANENT RECORD BINDING PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN WRITE

V. S. No. 1.

1 PLACE OF DEATH	STATE OF MARYLAND
County Marford 21747	CERTIFICATE OF DEATH Registration Dist. No.
Village or City Nh Tampmer (No. ,	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale Color OR RACE 5 SINGLE, MARRIED, WIDOWED GROVOREED (WITH the word) 6 OATE OF BIRTH October 21 1896	
7 AGE (Month) (Day) (Year) 7 AGE 11 LESS that 1 day, hrs OR min.?	and that death occurred on the date stated above, at 230 m.
particular kind of work (b) General nature of lodustry business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Harford Co.	Contributory Secondary (Burstism) yrs. mos. ds
10 NAME OF FATHER Joleut C. Lildon 11 BIRTHPLACE OF FATHER (State or country) Harford Co. 12 MAJOEN NAME OF OF MOTHER OF MOTHER	(Signed) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs. mes. ds. Stele, yrs. mos. ds Where wes disease contracted, if net at place of death? Former or usuel residence
(Address) Pengman md 15 Filed Day 27, 1915 Olo Multiple REGISTRAR	20 UN OERTAKER ADORESS ADORESS AND Saratoga St., Balto., Roquesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, prespective of age. ness of various pursuits can be known. The question business or industry, and therefore an additional line tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably mus," "Old Age," "Shock," "Uracmia," "Weakness," "Anzemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Connephritis, etc. The contributory (secondary or intercur-on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning, state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping birth or miscarriage "Heart failure," "Haemorrhage," "Inanition," "Marasby railway train-accident; Revolver "Senile," etc.), "Dropsy," as "Puerperal septichuemia," State cause for which Never report mere "Exhaustion," wound of



V. S.

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em of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very see instructions on back of certificate. PERMANENT REGORD 4 UNFADING INK-THIS WRITE PLAINLY, WITH CAUSE OF Important

	PLACE OF DEATH	STATE OF MARYLAND
	Sland - Colod	CERTIFICATE OF DEATH
Co	unty HM/NUM	(N) - 1/2
	n 1 n 9 17 10	Registration Dist. No.
Vill	age or City Jel Un (No	St.: Ward) [If death occurred in
VIII	age or Gity	a hospital or Institution, give Its NAME Instead
	X/ann 1h	ot street and number.]
	FULL NAME	U /V/1/LV V C
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	X 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH LICE 22 1915
7.	male boloved (Write the word)	(Month) (Day (Year)
Tel.		17 HEREBY CERTIFY, That I attended deceased from
e D/	ATE OF BIRTH	Nel-21, 1915, to tell 32, 1915.
		that I last saw h brazalive on All & & 1915
7 A	(Month) (Day (Year)	
	t dayhrs.	and that death occurred on the date stated above, at
	yrs mcs ds. OR min. ?	The CAUSE OF DEATH* was as follows:
	CCUPATION / A	Lakar memoria
	Trade, profession, or wash & two	W. J. W.
(b)	General nature of industry,	***************************************
	iness, or establishment in ch employed (or employer)	(Duration)mosds.
	RTHPLACE (State or country)	Contributory
	(State or country)	Secondary
	10 NAME OF	(Duration) yrs mos ds.
	FATHER Venry Bond	(Signed) M. D.
S	11 BIRTHPLACE	Dec Sa, 1913 (Address) Bel an ha
ENT	OF FATHER (State or country) Lautron to hid	
ARE	12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
4	OF MOTHER Emma Clark	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
	OF MOTHER (State or country) Hayvalo had	of death yrs mos ds. State yrs mos ds
14 7	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was diseaso contracted, If not at place of death?
	(Interment) Emma Borge	Former or
	[[[U] [0 4] [] content and and and an arrangement of the content of the co	
	Most A A	usual residence
	(Address) Bel air bit.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	hal and had	Black of BURIAL OR REMOVAL DATE OF BURIAL BLANKS (1815)
	(Address) Bel air hit.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the honsehold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, ctc. If the occupation has who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid nse of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ralvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancanse of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated nnder the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronehopneumonia (secondary), 10 ds. ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aeci-LENT DEATHS state MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



V. S. No. 1.

DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS PE N. B.

Village or City Pennyncau (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white Strater Morrice (Write the word)	16 DATE OF DEATH Month (Day (Year)
6 DATE OF BIRTH Cefaler 10 1888	Dic 23 1915 to Dic 28 1915
(Month) (Day (Year)	that I last saw him alive on Drc 28 1915
TAGE 27 yrs 2 mos /8 ds. or min.? **Coccupation** (a) Trade, profession, or farmer & Caucer**	and that death occurred on the date stated above, at 7-450 m. The GAUSE OF DEATH* was as follows: Labely Preserved
(b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) //	Contributory Secondary
10 NAME OF Pay & Lawrer	(Signed) Df Otier , M. D. 12-28, 191 J. (Address) Pennymuses
11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME of MOTHER STATEMEN BOWN 13 BIRTHPLACE 13 BIRTHPLACE	*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) Wew York. 14 THE ABOVE IS TOUE TO THE BEST OF MY KNOWLEDGE	At place of deathyrs,mos,ds. Stateyrs,mosds Where was disease contracted, It not at place of death?
(Informant) (Fasher) & Fawne (Address) Synguese 15	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Springer Country 20 UNDERTAKER ADDRESS ADDRESS
Filed 20 30, 191.5 Part Registrar	Mens. ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Groecry; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease gainfully employed, as At school or At home. Care statement. material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritongeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viodent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercur Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 5-1916
BURBAU, V.S.

V. 8. No. 1.

N. B.-Every ltem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH	STATE OF MARYLAND
County farford 21750	CERTIFICATE OF DEATH Registered No.
Village or City Desblue (No. 1)	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Made That (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
G DATE OF BIRTH (Mopph) (Day) (Year)	DEC 19 1915, to Alec 24 1915. that I lest saw have alive on blee 2 3 1910
7 AGE 1 LESS than 1 day,	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Exproverto (Duration) yrs. mos. 6 ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER DAVID A-OULTER. 11 BIRTHPLACE (State or country) Z MAIDEN NAME OF MOTHER TOWN TO BY TOWN 12 MAIDEN NAME OF MOTHER TOWN TOWN TOWN 12 MAIDEN NAME OF MOTHER TOWN TOWN 13 MAIDEN NAME OF MOTHER TOWN TOWN 14 MAIDEN NAME OF MOTHER TOWN TOWN 15 MAIDEN NAME OF MOTHER TOWN TOWN 16 MAIDEN NAME OF MOTHER TOWN TOWN TOWN 17 MAIDEN NAME OF MOTHER TOWN TOWN TOWN 18 MAIDEN NAME OF MOTHER TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	(Signed). June 100 Ju
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death
(Informant) Sar ah Torscythe	Where was disease contracted, It not at place et death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Sec. 26, 1915 De State Society Registrate	Dullin M. E. Cem Dec. 27, 1915 20 UN DERTAKER ADDRESS Address Marlington Md
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.): CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative heaithful-(a) Spinner, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter, As examples: For persons "Foreman,"

losis of lungs, meninges, peritonaeum, etc.. Carcinpneumonia"); Lobar pneumonia; Bronchopneumonia "Croup"); Typhoid fever (never report "Typhoid brospinal meningitis"); Diphtheria (avoid use of fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cercbrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia," unqualified, is indefinite); Tubercu-Statement of cause of death-Name, first, the DISEAGE

> cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," genital," "Seniie," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medicai Association.) injury, as fracture of skuii, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-Never report Examples:

the certificate is permanently filed. tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before



UNFADING INK-THIS IS A

PERMANENT RECORD

B.-Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No./80

St.; Ward)

[If death occurred in a hospital or institution, give its NAME Instead ot street and number.]

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH 9 8 CC , 1915 (Month) (Day (Year)
that I last saw h alive on 191
and that death occurred on the date stated above, at 5 37 m, The CAUSE OF DEATH* was as follows: Milliam Snippined angua Pilliams
(Duration) yrs. mos. ds.
Contributory Secondary (Duration) yrs mos ds. (Signed) NOS Perchant , M. D. 2. 10 (Address) Brown M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, It not at place of death? Former or
19 PLACE OF BURIAL OR REMOVAL Mountain Christian Cemety Dec 11, 1915 20 UNDERTAKER Chas & Jembrog Benson Med trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons The question

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of...... (name origin; "Canchildbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, uant neoplasms); Measles; Whooping cough; Chronic ccr" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably TENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the genital," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As affection need not be stated unless important. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. dent; Revolver around of head-homicide; Poisoned The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



V. S. No. 1.

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXA should state CAUSE OF DEATH in plain terms, so that it may be properly classified OCCUPATION is very important. See instructions on back of certificate.
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1 PLACE OF DEATH 21752 (County Hunfred	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Whele ford (No. ,	Registration Dist. No. St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, MARRIED WHOWED WHOWED OPSTOREED Write (the word) 6 DATE OF BIRTH (Month) (Day) (Year)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from , 191 4, to Dea 9, 1915, that I last saw hum alive on Doa 9, 1915,
Tage Tage If LESS than 1 day, hrs. or min.?	and that death occurred on the date stated above, at Jam. The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Wheeleft farfunce, M9 10 NAME OF FATHER College of FATHER (State or country) Wheeleft or College of FATHER (State or country) Wheeleft or MA 11 BIRTHPLACE OF FATHER (State or country) Wheeleft or MA 12 MAIDEN NAME	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address)
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Address) Weine form In 9 15 Filed De 1/1, 1915 fax Se aver Flex Constant Registrar, If more blanks are needed, address State Registrar,	Slate ville Swill, 1915. 20 UNDERTAKER John L Morris Della Par

[Approved by U. S. Gensus and American Public Health
Association.]

only when needed. As examples: (a) Spinner, (b) Collon business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None. Housemaid, etc. engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Furm laborer, Laborer "Foreman," "Managér, of the second statement. Never return mobile factory. mill; (a) Solesman, (b) Grovery; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary freman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part statement. Never return "Laborer," If the occupation has been changed " "Dealer." etc., without more At home. Care should be Locomotive engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopheumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee and consequences (c. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, genital," on Nomenclature of the American Medical Association.) under the head of "Contributory." head-homicide; Poisoned by corbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent Deaths to determine definitely. Examples: Accidental drowning; state means of injury and qualify as accidental, "PUERPERAL perilonitis," etc. State cause for which birth or miscarriage as "Prenderal septicharmia," etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage." "Inanition," "Anaemia" (increly symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," cough; Chronic valvular heart disease; Chronic interstitial chopmeumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; rent) affection need not be stated unless important. nephrilis, ctc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Old Age," "Shock," "Ursemia," "Weakness, Always qualify all diseases resulting from child-"Scnile," etc.), "Dropsy," "Exhaustion, The contributory (secondary or intereur-(Recommendations " "Maras-("Con-



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state

County

YSICIANS should OCCUPATION IS PHYSICIANS RECORD 50 properly classified. Exact statement PERMANENT EXACTLY. UNFADING INK-THIS IS AGE See instructions on back of certificate, WRITE PLAINLY, WITH of information should DEATH In plain CAUSE OF important.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.St.;-----...Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.

2FULL NAME THE MINI	of office and nomenty
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Inale Argur 5 single, MARRIED, MODERN ORDIVORCED (Write the word)	16 DATE OF DEATH Sec // , 1912 (Month) (Day (Year)
6 DATE OF BIRTH OLD (Month) (Day (Year)	that I last saw h. Lan alive on Det
TAGE If LESS than f day,hrs. OR min.? **BCCUPATION** (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	and that death occurred on the date stated above, at most and that death occurred on the date stated above, at most and that the date of t
9 BIRTHPLACE (State or country) All and	Contributory Secondary
10 NAME OF FATHER M Andus Whith so of FATHER (State or country) Mayland 12 MAIDEN NAME OF MOTHER 10 NAME OF FATHER (State or country) Mayland	(Signed) (Si
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Info	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mos ds. Where was disease contracted, if not at place of death? Former or
(Address) Bel an Mod. 15 Filed Dea 12, 1915 J. Edgue Denne REGISTRAR	18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL LOWER Chaple Climber Des 18, 1915. 20 UNDERTAKER ADDRESS BULLETING

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is uecapplies to each and every person, irrespective of age. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not pald Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, ctc. But in many Physician, Compositor, Architect, Locomotive engineer, first liue will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pncumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

nant ncoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehae thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabby LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—aeei The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



S. No. 1.

N.B.

! PLACE OF DEATH

PLACE OF DEATH	STATE OF MARYLAND
County Harford	CERTIFICATE OF DEATH
County	Registration Dist. No. 1844
Del al	
Viltage or City (No. ,	St.; Ward) [If death occurred in a hospital or institution,
Plan Out	give its NAME instead of street and number.
FULL NAME Zamang	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Grale Owhite (Write the word)	16 DATE OF DEATH See 25 , 1915 - (Year)
	17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	, 191, to, 191, 191,
(Month) (Day) (Yes	that I last saw h alive on, 191,
7 AGE If LESS 1	and that death occurred on the date stated above, at
67 vre mas ds OR min	The CAUSE OF DEATH & was as follower .
9 OCCUPATION OR OR MIN	- alcholism & Efferine.
(a) Trade, profession, or Jaleuron	
((b) General nature of industry	
business, or establishment in which employed (or employer)	(Duration) yrs mos, ds,
9 BIRTHPLACE	Contributory Secondary
(State or country) Ourginia	(Buration)yrsmosds.
10 NAME OF FATHER	(Signed) Charla Co. France M. O.
mkrom	- See 90 1916 (Address) Street and
T BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from XIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
C TE MAIDEN NAME	Suicidal or Homicidal.
of MOTHER ankrown	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER	At piace in the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not al place of death?
(Informant) James 6 Will	usuat residence
(Address) Rocks and	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 0 0	Alexand Alla dy, 1913.
Filed Dec 31, 1915 Jasel 732 Mable	20 UNDERTAKER ADDRESS
REGISTRA	fra in the the villa in the m

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. 8, Census and American Public Health.
Association.]

state occupation at beginning of illness. wife, Housework, or At Home, and children, not gainfully write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the Disease Causing Death, engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Feuler," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Procery; (a) Foreman, Housemaid, etc. mobile factory. business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part statement. Mever return "Laborer," If the occupation has been changed Women at home, who are engaged in Architect, If retired from (b) Auto-

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mus, on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated on Nomenclature of the American Medical Association.) under the head of "Contributory." suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, OF HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths. birth or miscarriage as "Puerpenal septichuemia," "Puerpenal perilonitis," etc. State cause for which eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic vulvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meastes; Whooping ges, peritonneum, etc., Carcinoma, Sarcoma, etc., of... (name origin; "Cancer" is less definite; avoid u MEANS OF INJURY and qualify as "Old Age," "Shock," "Uracmia," "Weakness, is less definite; avoid use of (Recommendations Never ACCIDENTAL, report mere ("Con-

